

2009-2010 Health Care Worker Seasonal Influenza Vaccination Survey

Introduction

The vaccination of health care workers for seasonal influenza is a process of care measure prioritized by the Maryland Health Care Commission's (MHCC) Healthcare-Associated Infections Advisory Committee for public reporting in 2010. The 2009-2010 Health Care Worker Seasonal Influenza Vaccination Survey, developed by the Advisory Committee based on a pilot survey conducted in 2008-2009, is designed to collect a uniform set of data elements for hospital health care workers.

Hospitals are required to report data on all paid, full-time and part-time employees and house staff (defined as residents and interns) who received FluMist® or injectable seasonal influenza vaccine (excluding Novel H1N1) on-site or off-site between September 1, 2009 and April 15, 2010 using an on-line survey form that will be forwarded to you on April 1, 2010. The completed survey must be submitted to the MHCC by **May 15, 2010**. This is a hardcopy version of the electronic survey that each Maryland hospital will receive on April 1, 2010.

The data collected in this 2009-2010 survey will be publicly reported on the Maryland Hospital Performance Evaluation Guide next summer. Hospitals will receive a Preview Report and performance benchmark data from MHCC prior to the public release of the survey data in 2010.

If you have questions regarding these reporting requirements, please contact Theressa Lee at tlee@mhcc.state.md.us; 410-764-3328; or Eileen Hederman at ehederman@mhcc.state.md.us or 410-764-3257.

2009-2010 Health Care Worker Seasonal Influenza Vaccination Survey

Part A. Hospital and Contact Information

- I. Hospital Name
- 2. Date of Survey Completion
- 3. Name of Person Completing the Survey
- 4. Title of Person Completing the Survey
- 5. Telephone Number
- 6. E-mail Address

Part B. Seasonal Influenza Vaccination (Excluding Novel H1N1) for Health Care Workers

	Category	Number of Health Care Workers
#1	Total number of full-time and part-time hospital employees and house staff (defined as residents and interns) as of April 16, 2010	
#2	Number of full-time and part-time hospital employees and house staff (defined as residents and interns) who received FluMist® or a seasonal influenza shot on-site or off-site between September 1, 2009 and April 15, 2010	
#3	Number of full-time and part-time hospital employees and house staff (defined as residents and interns) who did not receive FluMist® or a seasonal influenza shot on-site or off-site between September 1, 2009 and April 15, 2010 due to medical contraindications (including a severe egg allergy, severe allergy to any vaccine component, severe reaction after a previous dose of influenza vaccine, or a history of Guillain-Barre Syndrome)	
#4	Number of full-time and part-time hospital employees and house staff (defined as residents and interns) who did not receive FluMist® or a seasonal influenza shot on-site or off-site between September 1, 2009 and April 15, 2010 due to religious objections	
#5	Number of full-time and part-time hospital employees and house staff (defined as residents and interns) who did not receive FluMist® or a seasonal influenza shot on-site or off-site between September 1, 2009 and April 15, 2010 due to other objections	

Measures and Calculation

• Adherence Rate for Receiving Influenza Vaccination by All Medically Eligible HCW

Calculation: <u>Data Item #2</u>
Data Item #1 – Data Item #3

Declination Rate Due to Medical Contraindications for Influenza Vaccination

Calculation: <u>Data Item #3</u>
Data Item #1

Declination Rate Due to Non-Medical Contraindications for Influenza Vaccination

Calculation: Data Item #4 + Data Item #5
Data Item #1

Declination Rate Due to All Reasons (Medical and Non-Medical) for All HCW

Calculation: Data Item #3 + Data Item #4 + Data Item #5
Data Item #1

Part C.	Please feel free to provide additional information and/or comments
	here:

Thank you for participating in the survey.

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